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CONFIRMATION NO. 5877

SERIAL NUMBER 09/698,121	FILING OR 371(c) DATE 10/30/2000 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 746200-000062	
APPLICANTS Jerome Aucouturier, Chateny Malabry, FRANCE; Vincent Ganne, La Varenne Saint Hilaire, FRANCE; Gerard Trouve, Castres, FRANCE;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FRANCE	SHEETS DRAWING	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2
ADDRESS 21967					
TITLE NOVEL VACCINE COMPOSITION OF SURFACTANTS AS ADJUVANT OF IMMUNITY					
FILING FEE RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

APPLICATION NUMBER 09/698,121	FILING DATE 10/30/2000	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO 746200-00006
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CONTINUING DOMESTIC DATA***
VERIFIED
OK - none

371 (NAT'L STAGE) DATA***
VERIFIED
OK - none

FOREIGN APPLICATIONS***
VERIFIED
OK - OK

FR 99 13618 10/29/99

FOREIGN FILING LICENSE GRANTED 02/09/2001

Foreign priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWINGS 0	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2
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Verified and acknowledged *OK*
Examiner's Name Initials

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TITLE
NOVEL VACCINE COMPOSITION ~~AND USE~~ OF SURFACTANTS AS ADJUVANTS OF IMMUN
ITY
OK 11/10/01

FILING FEE RECEIVED \$****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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